

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27178

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27583

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26834

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00